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• Vaccination Peer Review •

A Pre-Vaccination Primer For Parents With Infants and Small Children

Published by Jeff Prager

if I knew what I know now I would have never vaccinated my children and after reading this PDF you'll have to be a complete moron to vaccinate your children, wouldn't you agree?

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Vaccines and Production of
Negative Genetic Changes in Humans

1996-1998 Leading Edge Research Group

Vaccination and Genetic Change: Mobility of Genetic Material Between Life Forms:

One of the indications that vaccinations may in fact be changing the genetic structure of humans became evident in September of 1971, when scientists at the University of Geneva made the discovery that biological substances entering directly into the bloodstream could become part of the human genetic structure. Originally, Japanese bacteriologists discovered that bacteria of one species transferred their own specific antibiotic resistance to bacteria of an entirely different species. Dr. Maurice Stroun and Dr. Philip Anker in the Department of Plant Physiology at the University of Geneva, began to accumulate evidence that the transfer of genetic information is not confined to bacteria, but can also occur between bacteria and higher plants and animals. According to an article in World Medicine on September 22, 1971, "Geneva scientists are convinced that normal animal and plant cells shed DNA, and that this DNA is taken up by other cells in the organism."

In one experiment, scientists in Geneva extracted the auricles of frog hearts and dipped them for several hours in a suspension of bacteria. Afterward, they found a high percentage of RNA-DNA hybridization between bacterial DNA extracted from bacteria of the same species as that used in the experiment and titrated DNA extracted from the auricles which had been dipped in the bacterial suspension. Bacterial DNA had been absorbed by the animal cells. This phenomenon has been dubbed transcession. There is evidence that this kind of phenomenon is happening all the time within the human body. It is conceivable, for example, that heart damage following rheumatic fever could the the result of the immune system reacting to its own cells producing a foreign RNA complex after absorption of foreign DNA.

In Science magazine, November 10, 1972, bacterial RNA was demonstrated in frog brain cells after a bacterial peritoneal infection. In the April 1973 issue of the Journal of Bacteriology, transcription of spontaneously released bacterial DNA was found to be incorporated into cellular nuclei of frog auricles. Studies by Phillipe Anker and Maurice Stroun have indicated spontaneous release of DNA material from mammalian cells, spontaneous transfer of DNA from bacteria to higher organisms, spontaneous transfer of DNA between cells of higher organisms, release of RNA by mammalian cells, and biological activity of released complexes containing RNA.

Malignant Cellular Transformations Caused By Foreign DNA:

There is evidence that freely circulating foreign DNA can cause malignancy. In a 1977 issue of International Review of Cytology, Volume 51, Anker and Stroun discuss the possible effects of foreign DNA causing malignant cell transformations. When foreign DNA is transcribed into a cell of a different organism, "this general biological event is related to the uptake by cells of spontaneously released bacterial DNA, thus suggesting the existence of circulating DNA. In view of the malignant transformations obtained with DNA, the oncogenic (cancer-causing) role of circulating DNA is postulated."

The discovery in 1975 that viruses causing cancer in animals had a special enzyme called reverse transcriptase makes the problem even more interesting. These kind of viruses are called RNA viruses. When an RNA virus has the reverse transcriptase enzyme within its structure, it allows the virus to actually form strands of DNA which easily integrate with the DNA of the host cell which it infects. Studies by Dr. Robert Simpson of Rutgers University indicate that RNA viruses which do not cause cancer can also form DNA, even without the presence of reverse transcriptase. DNA formed in this way from an RNA virus is called a provirus. It is known that some non-cancerous viruses have a tendency to exist as proviruses for long periods of time in cells without causing any apparent disease. In other words, they remain latent. Some examples of common RNA viruses that do not cause cancer, per se, but have the capacity to form proviruses are influenza, measles, mumps and polio viruses. In the October 22, 1967 British Medical Journal, it was brought out by German scientists that multiple sclerosis seemed to be provoked by vaccinations against smallpox, typhoid, tetanus, polio, tuberculosis and diptheria. Even earlier, in 1965, Zintchenko reported 12 cases in which MS became evident after a course of anti-rabies vaccinations.

Remember that millions of people between 1950 and 1970 (*98 million approx.)were injected with polio vaccines containing simian virus 40 (SV-40) transferred from contaminated monkey kidney cells used to culture the vaccine. It is impossible to remove animal viruses from vaccine cultures. You are reminded that SV-40, the 40th virus to be discovered in simian tissue, is a cancer-causing virus.

Immunization programs against influenza, measles, mumps and polio are in fact seeding humans with RNA and forming proviruses which become latent for long periods throughout the body, only to re-awaken later on.

Post-polio syndrome is a good example of this problem. Other examples may include the so-called mesenchymal and collegen diseases, such as rheumatoid arthritis, multiple sclerosis and lupus erythmatosis, where antibodies are formed by the immune system against the person's own tissues - tissues which have been impregnated with foreign genetic material. According to a special issue of Postgraduate Medicine in May 1962, "although the body generally will not make antibodies against its own tissues, it appears that slight modification of the antigenic character of tissues may cause it to appear foreign to the immune system and thus a fair target for antibody production." Two years later in 1964, studies were conducted on the polyoma virus, a tumor-producing DNA virus. It was discovered that the persistent genetic DNA material in the polyoma virus brought about malignant transformations in hamster embryo cell cultures. This was reported in the November 23, 1964 issue of the Journal of the American Medical Association. Even common non-tumor viruses, including those in smallpox vaccine and polio virus 2, can act as carcinogens. It was reported in Science on December 15, 1961 that these common viruses acted as catalysts in producing cancer when given to mice in combination with known organic carcinogens in amounts too small to induce tumors themselves. This means that some vaccinations will induce

*Anticancer Research, May 1999, Cancer risk associated with simian virus 40 contaminated polio vaccine:

CONCLUSIONS: These data suggest that there may be an increased incidence of certain cancers among the 98 million persons exposed to contaminated polio vaccine in the United States.

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SOME VACCINATIONS WILL INDUCE CANCER

cancer, when combined with the growing problem of environmental pollution from toxic by-products of agriculture and industry—*pesticides on and in food, for example*. Of course, this information is hidden from the public, which is why the FDA, EPA and the agricultural industries can get away with "*sanctioning*" small amounts of pollutants in food, water and air. The connection has not been made public, much to the joy of the chemical industry, the National Cancer Institute and the growing cancer industry, which continues to fraudulently solicit public donations to justify its own existence. As an aside, it has already been admitted that polio vaccinations have caused 100% of all polio in the United States since 1980 and the predominant cases of all paralytic polio since 1972 (*Science, April 4, 1977*). It is suspected that the Salk and Sabin vaccines, made of monkey tissue culture, have also been responsible for the major increase in leukemia in the United States.

The use of viruses, bacteria and animal tissue cultures in mass immunization campaigns, considering that this information has been known for 20 years, constitutes an intentionally created hazard to humans. The global impact on the wide range of genotypes relative to human beings is difficult to assess, but the outcome is definitely negative, and permitting the seeding of latent proviruses in humans, knowingly, can have no other rationale other than future medical profiteering, and constitutes a criminal conspiracy of vast proportions which is tatamount to a genocidal policy against the population, further constituting crimes against humanity, which is internationally punishable by death. But, of course, especially in the United States, this fact is ignored and suppressed from public knowledge, despite a 1984 plea by some U.S. physicians to the United Nations in a report. The fact that this goes on with the full knowledge of the world medical community makes this an international conspiracy where the population has no recourse, given that vaccinations are becoming mandatory and a prerequisite for many social programs.

Persistence of long-term viruses and foreign proteins and their relationship to chronic and degenerative disease was also pointed out by Dr. Robert Simpson of Rutgers University in 1976, when he addressed science writers at an American Cancer Society seminar, saying "*these proviruses could be molecules in search of a disease.*" Dr. Wendell Winters, a virologist at the University of California noted, "*immunizations may cause changes in slow viruses and changes in the DNA mechanism*." Although host cells containing latent viral particles operate more or less normally, they begin to synthesize viral proteins under the guidance of the viral DNA, eventually creating the circumstances for various autoimmune diseases, including diseases of the central nervous system, which unfortunately add to the growing load of aberrant social behavior patterns.

Are current vaccine programs causing subtle but irreversible genetic changes in children?

In this article Dr. Harold Buttram, MD, FAAEM, addresses the need to examine vaccine safety related to additives, the numbers of vaccines given, and the age of those receiving them. A deep question is raised as to whether they may be affecting the genetic structure itself.

From 1999 through 2004 a series of U.S. Congressional hearings took place dealing with issues of vaccine safety. Largely dealing with a suspected causal relationship between mandated childhood vaccine programs and the current epidemic of childhood autism, during the hearings there were disclosures of major deficiencies in scientific infrastructure of vaccines [1]. For this reason we have no means of identifying vaccine reactions when they do occur. By the same token it is impossible to rule out that many vaccine reactions are taking place unrecognized, and there is much circumstantial evidence that this is precisely what is taking place.

In this article it is admitted that vaccines do work, some better than others. This is not disputed. What is questioned is the safety of vaccines in their present forms, additives, numbers, and age of administration. As concerns the safety of vaccines, the ultimate question is whether or not they may be causing irreversible genetic changes in our children. This is an area which, with a few notable exceptions, has had little investigation.

Barbara McClintock, the 1983 Nobel Laureate "*Corn Lady*," was the first to discover genetic mobility in the so-called jumping genes in the 1930s. For over 50 years she pursued solitary research with corn, uncovering some of nature's innermost secrets about life. McClintock studied maize, a form of Indian corn, where distribution of red kernels and yellow kernels is genetically determined. What she perceived was that some of the genes were moving from one place to another on the cell's chromosomes. She then saw patterns of movements, with sharply differing results in the colored kernels, and realized that some genes, once moved into position, switched other genes on or off.

One of the next significant advances was reported in an article in World Medicine in 1971 in which scientists at the University of Geneva made the startling discovery that biological substances entering directly into the blood stream may truly become a part of us and even a part of our genetic material [2]. The article stated in part:

"*When Japanese bacteriologists discovered that bacteria of one species transferred their own highly specific antibiotic resistance to bacteria of any entirely different species, they seemed to hit on a unique if not startling phenomenon. Dr. Maurice Stroun and Dr. Philipe Anker, with colleagues in the Department of Plant Physiology at the University of Geneva, have now accumulated a wealth of evidence that transfer of genetic information is not confined to bacteria but also can occur between bacteria and higher plants and animals.*"

"*The Geneva scientists are convinced that normal animal and plant cells also shed DNA and that this DNA is also taken up by other*

cells in the organism…. If they are right, the consequences to virtually every aspect of a cell's metabolism would be considerable…. and even the evolution of an organism would be affected…. In their latest set of experiments they used the isolated auricles of frogs' hearts."

"There is no question about the results. They found a high percentage of RNA-DNA (ribonucleic-deoxyribo- nucleic) hybridization between bacterial DNA extracted from bacteria of the same species as that used in the experiment and titrated RNA extracted from auricles which has been dipped in the bacterial suspension…. [3]."

"*This transfer phenomenon, or transcession, as Dr. Anker called it, is very probably a general one, otherwise he and Dr. Stroun would hardly have succeeded first go, in getting bacterial RNA synthesized by animal tissues…." Subsequent studies by Anker and Stroun further confirmed observations in the above report* [4].

The "Rubik's Cube" of Viral Genetics

As purely genetic material, it would be expected that viruses are more prone to the process of genetic mobility than other microorganisms. A study reported in Virus Research tends to support this hypothesis. In the study of 24 passages of a nuclear polyhedrosis virus through cell cultures, there were both insertions and deletions in the virus, [5] suggesting that the virus both donated genetic material to and received genetic material from the cells in which it was cultured.

As another possible complication of viral infections (*also viral vaccines*), similarities have been found between certain viral proteins and proteins related to myelin sheaths of the brain and nervous system [6]. As a result of this protein mimicry between viral proteins and homologous areas of the nervous system, immunologic cross reactions may take place resulting in postinfectious or postvaccinal encephalitis, myelitis, or neuritis. Examples of this process would include measles, Epstein-Barr, influenza, and others.

Turning next to the "*stealth virus*" and the work of Dr. John Martin, a stealth virus is one that can establish a persistent infection in people over a period of years while at the same time escaping detection by the human immune system because of its genetic fragmentation and polyglot mixture of genetic elements. The story began many years ago when Dr. Martin was serving as director of the viral oncology branch within the U.S. Food and Drug Administration (F.D.A) when he found foreign DNA in oral polio vaccine being manufactured at the time. He later learned that a simian or monkey cytomegalic virus (CMV) had been found in all of the eleven African green monkeys imported for production of the polio vaccine [7].

By way of explanation, the stealth virus, which according to the work of Dr. Martin had its origins from a CMV contaminant of the oral polio vaccine, had become extremely fragile and unstable, probably as a result of numerous serial passages through a variety of hosts in the process of attenuation and commercial development of the vaccine. Being more unstable, it would be more prone to exchange nuclear material with its various hosts, in the end becoming somewhat like a genetic Rubic cube, unrecognizable to the immune system of the infected human host [8]. Martin has reported finding the stealth virus of simian-CMV-origin in chronic fatigue, [9] in an autistic child, [10] and other conditions [11-12].

Vaccines and Genetic Change: Pioneering Investigations

Howard B Urnovitz and his colleagues have been studying the implications of vaccines in cancer, Persian Gulf War Syndrome, multiple sclerosis, and AIDS. Urnovitz, who holds doctorates in immunology and microbiology from the University of Michigan where he studied vaccines, has become one of the most vocal proponents for scientists to become aware of vaccine-associated genetic mutations [13].

Probably Urnovitz and colleagues are best known for the work they have published on the Gulf War Syndrome (GWS), where they found evidence of genetic alterations in Chromosome 22q11.2, a known genetic "*hot spot*" for mutations, which appears to have a role in the pathogenesis of GWS [14]. Even more striking, when they sequenced their findings, many enteroviral-similar segments were found, suggesting that this may have played a role in causing the changes in 22q11.2 chromosome. Most Gulf War veterans received the oral poliovirus vaccine, which according to the work of Martin, has been shown to be contaminated with the simian CMV. To further strengthen the possibility of a connection, polio virus is an enterovirus.

The second example is that of M.G. Montinari and colleagues who investigated the relationship between postvaccine central nervous system (CNS) diseases and mutation of human leukocyte antigens (HLA), diseases which strip the body's brain and nerve tissues of the outer coating of myelin [15].

The HLA system is one which aids an individual's immune system to differentiate that which is "*self*" from that which is "*nonself.*" Although the mechanisms are complex, it is a system which, during embryonic life, learns to recognize healthy or normal cells of the body as "*self*" so that these cells will remain unmolested by the search and destroy mechanisms of the immune system. Of special concern is that the HLA system also carries an increased proneness to polymorphism (*mutation*), the mutations in turn possibly resulting in an impairment of self-recognition.

Montinari found that certain alleles of HLA were more frequent in patients with postvaccine-induced illness, which indicates an immunogenetic basis for such illnesses. Montinari implicated vaccine preservatives such as thimerosal as causing genetic mutations by modifying the amino acids in presenting antigen proteins [16, 17, 18].

The third example is the work of Farhad Imani and Kelly Kehoe whose studies demonstrated that infection of human B cells with rhinovirus or measles could lead to the initial steps of IgE antibody class switching [19], as expressed in the abstract to their report:

"*Circulating immunoglobulin E (IgE) is one of the characteristics of human allergic diseases including allergic asthma. We recently showed that infection of human B cells (lymphocytes located in bone marrow) with rhinovirus or measles virus could lead to the initial steps of IgE class (DNA) switching. Since many viral vaccines are live viruses, we speculated that live virus vaccines may also induce IgE class switching in human B cells. To examine this possibility, we selected the commonly used live attenuated measles mumps rubella (MMR) vaccine….Our data suggest that a potential side effect of vaccination with live attenuated viruses may be an increase in the expression of IgE.*"

It might be added that if there is a switching in B lymphocyte DNA towards increased IgE antibody production from viral vaccines, associated with increased allergic disorders, it is reasonable to assume that there would also be switching away from the protective IgG (gamma globulin) antibodies.

Heightened Vulnerability of Infants to Vaccines

The primary function of the human immune system is to protect against foreign invaders, but in doing so it can be assumed that it also serves as a shield for individual genetics, no two of which are entirely alike.

The human newborn infant comes into the world with a relatively undeveloped immune system. The lymph nodes are small, the plasma cells are sparse in bone marrow and lymph nodes, and the immunoglobulin synthesis is low. Normally, soon after birth, the infant begins to respond to multiple antigenic stimuli from the bacterial flora which rapidly populate his skin, upper respiratory tract, and bowel, as well as the microbial infections acquired from the environment.

As outlined in Nelson Textbook of Pediatrics, by 1 year of age, all lymphoid structures are mature histologically. Absolute lymphocyte counts in the peripheral blood also reach a peak at 1 year. However, peripheral lymphoid tissue increases rapidly in mass during infancy and early childhood but does not reach adult size until approximately 6 years of age [20]. It is during this 6-year period, at least in theory, that the child may have heightened immunologic vulnerability.

In brief outline, the immune system is divided into two major classes: Cellular immunity, in which the mucous membranes of the body are involved, and humoral immunity, which involves production of antigen-specific antibodies by plasma cells in the bone marrow.

Most “natural” exposures take place through the mucous membranes of the body and stimulate cellular immunity, involving macrophage activation (an immediate-attack white blood cell) and the cytotoxic T lymphocytes as its major agents. Cellular immunity is responsible for controlling viruses, fungi and bacteria [21]. Humoral immunity, on the other hand, is predominantly involved in control of bacteria and is only secondarily involved against viruses or fungi.

Both of these classes are governed by TH lymphocytes, the “T” referring to the thymus gland, from which they are derived, and the “H” referring to a helper or activating activity. During infancy these “naïve” or uncommitted TH lymphocytes are differentiated into either armed TH1 cells, which govern in cellular immunity, or armed TH2 cells, which govern in humoral immunity. This initial differentiation, at which naïve TH cells become either armed TH1 or armed TH2 cells has a critical impact on the outcome of adaptive immune response, depending on whether it is dominated by cell-mediated activation of the former or antibody production of the latter [22].

It has been found that this differentiation is profoundly affected by cytokines, which are produced by lymphocytes and serve as chemical messengers. The two cytokines, Interleukin 12 and Interferon gamma, in vitro, tend to promote the development of TH1 cells. Interleukin 4, 5, 6, and 10, on the other hand, tend to promote the differentiation of TH2 cells [23]. Once one subset

becomes dominant, it is difficult to shift the response to the other subset, as the cytokines from one subset tend to dominate the other. The overall effect is that certain responses are dominated either by humoral (TH2) or cell-mediated (TH1) responses [24].

Articles have appeared in the New England Journal of Medicine [25] and Thorax [26] stating that a healthy immune system has a "*bias*" towards the TH1 (cell-mediated) immune system, while people with allergies, asthma, and diseases of an autoimmune origin have what is known as the TH2-skewed immune response.

In the days before immunizations, most infant exposures would have come through the mucous membranes, thereby establishing a healthy TH1 immune system bias, whereas today, infant immune systems may be "*captured*" so to speak by immunizations injected into the blood stream and directed at stimulating humoral immunity. By so doing, are their immune systems being skewed into permanent dominance of the TH2 immune system, with its proneness to allergies and autoimmune diseases? At this point there is no proof, but a study of cytokine levels in 20 autistic children by S. Gupta and coworkers in which TH2 cytokines were consistently elevated and TH1 cytokines consistently lowered would tend to confirm such a process in certain "*subpopulations*" of children [27].

Deficiencies in Safety Testing of Vaccines

Generally speaking, as established by customary practices in licensing of pharmaceutical medications, in order to establish reasonable proof of safety there would need to be sufficient numbers of test subjects compared with sufficient numbers of untreated controls, with surveillance periods continued for sufficient periods of time (*months or years*) to be meaningful. In addition there would need to be a separate category of before-and-after human tests of vaccines specifically designed to screen for adverse effects to the neurological, immunologic, and hematological systems of the body. Finally, both surveillance and before-and-after categories would need to be performed in several separate medical centers to assure reproducibility.

Based on many years of personal observation, there have never been studies meeting these safety criteria for any vaccine in use today. Pre-licensing surveillance periods for vaccines have been limited to short periods of several days to several weeks, totally inadequate for identifying autoimmune reactions from vaccines, which may be delayed for prolonged periods. As one example, Physicians' Desk References list surveillance periods for the Hepatitis B vaccine of 4 to 6 days.

The relatively few examples of before-and-after testing of vaccines that have been garnered through the years are too small and limited to approach proof one way or the other [29,30,31,32,33] but these few are far from reassuring about the safety of current vaccine programs. A prime example is a report by Eibl et al. (1984) from Germany in which 11 healthy adults had studies of the T-lymphocyte subpopulations (*a class of white blood cells which help govern the immune system*) before-and-after routine tetanus booster immunizations [28] Special concern rests in the fact that in 4 of the subjects the T-helper lymphocytes temporarily dropped to levels found in active AIDS patients. As important as this study might have been in leading to safer approaches in vaccines, there has never been a serious attempt to follow up on this test. The U.S. Congressional hearings on issues of vaccine safety (1999-2004), as reviewed in the book, Evidence of Harm by David Kirby, disclosed many deficiencies in safety testing.

Conclusion

The ultimate question concerning current vaccine programs is whether or not, being given in steadily increasing numbers at an age of extreme immunological vulnerability, they are bringing about unrecognized genetic changes in children which might be irreversible. Technical issues involved in vaccines are very complex. With growing public awareness of these issues, they are also becoming increasingly controversial. Should not parental voices become part of the equation?

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There are 100s of 1000s of reports submitted for peer review every year, maybe millions. They're in publicly accessible collections at PubMed, the Lancet, Elsevier, Science Direct and other peer review aggregators but there's simply no way to keep up with all of them.

The medical research and scientific research communities have known for decades that vaccines don't work well and more importantly, they cause not just severe neurological disorders in the few genetically unlucky, but they cause cancer, arthritis and a variety of neurodegenerative diseases decades down the road in every single person that's vaccinated. It's known that trivalent vaccines cause a lifetime of susceptibility to viral, fungal and bacterial infections. It's known that vaccines wreak havoc on the immune system and create a foundation for disease for life. This isn't a secret in the scientific community. It's well known.

For more information on the deadly dangers of vaccination, see "Vaccine Dangers," which contains links to well over one-hundred peer reviewed reports and studies on the dangers and risks of vaccination, published by Jeff Prager, Anarchy Books and Renegade Publishing—available for free at the following link:

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